CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Division, Board, District, if applicable:

Senior Deputy Cabinet Secretary

If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

STREET

STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

MAR - 7 2008

GOVERNOR'S OFFICE

Please type or print in ink.

MAILING ADDRESS (May use business address)

Governor's Office

Your Position:

Agency: _

State Capitol

(LAST)

NAME

Gore

A Public Document

(FIRST)

Robert

CITY

Sacramento

| (MIDDLE) | | DAYTIME TELEPHONE NUMBER | | | |
|---|--|---|--|--|--|
| J. | | (916) 445 6131 | | | |
| STATE | ZIP CODE | OPTIONAL: FAX / E-MAIL ADDRESS | | | |
| CA | 95814 | | | | |
| 4. Schedule | Summa | ry | | | |
| → Total number including this | | ge: <u>2</u> | | | |
| → Check application interests." | cable sched | lules or "No reportable | | | |
| I have disclose attached school | | on one or more of the | | | |
| Schedule A-1 | | schedule attached wnership) | | | |
| Schedule A-2 Investments (1 | | schedule attached wnership) | | | |
| Schedule B Real Property | ☐ Yes - | schedule attached | | | |
| Schedule C Income, Loans and Travel Paymo | , & Business | schedule attached Positions (Income Other than Gifts | | | |
| Schedule D Income – Gifts | | schedule attached | | | |
| Schedule E Income – Trav | and the state of t | schedule attached | | | |
| | -0 | r- | | | |
| ☐ No reporta | able interests | s on any schedule | | | |
| | | | | | |
| 5. Verification | on | | | | |
| statement. I have | re reviewed the informati | le diligence in preparing this this statement and to the best of ion contained herein and in any and complete. | | | |
| | | rjury under the laws of the State going is true and correct. | | | |

| Position: | | | | | |
|---|--|--|--|--|--|
| 2. Jurisdiction of Office (Check at least one box) | | | | | |
| | | | | | |
| County of | | | | | |
| City of | | | | | |
| Multi-County | | | | | |
| ☐ Other | | | | | |
| | | | | | |
| 3. Type of Statement (Check at least one box) | | | | | |
| Assuming Office/Initial Date:/ | | | | | |
| Annual: The period covered is January 1, 2007, through December 31, 2007. | | | | | |
| -or- | | | | | |
| O The period covered is/, through December 31, 2007. | | | | | |
| Leaving Office Date Left:/(Check one) | | | | | |
| O The period covered is January 1, 2007, through the date of leaving office. | | | | | |
| -or- | | | | | |
| O The period covered is/, through the date of leaving office. | | | | | |
| ☐ Candidate | | | | | |
| | | | | | |

| or Camorina | that the | loregoing | | tiuc | unu . | ,0110 | | |
|-------------|----------|-----------|---|------|-------|-------|--------|-------|
| _ | | 1 | 1 | , | | | | |
| Date Signe | | | | | | | | |
| | | | | | | | | |
| Signature _ | | | | | | | | |
| | | | | | | | | |
| | | | | FPPC | Form | 700 | (2007/ | 2008) |

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

| CALIFORNIA FORM | 700 |
|-----------------------------|----------|
| FAIR POLITICAL PRACTICES CO | MMISSION |
| Name | |
| | |
| | |

| > | NAME OF BUSINESS ENTITY | > | NAME OF BUSINESS ENTITY |
|----|--|----------|--|
| | Prudential | | |
| | GENERAL DESCRIPTION OF BUSINESS ACTIVITY | | GENERAL DESCRIPTION OF BUSINESS ACTIVITY |
| | Insurance | 1 | |
| | FAIR MARKET VALUE | 1 | FAIR MARKET VALUE |
| | X \$2,000 - \$10,000 | 1 | \$2,000 - \$10,000 \$10,001 - \$100,000 |
| | \$100,001 - \$1,000,000 Over \$1,000,000 | | \$100,001 - \$1,000,000 Over \$1,000,000 |
| | NATURE OF INVESTMENT Slock | | NATURE OF INVESTMENT Stock |
| | Other | | Other |
| | (Describe) | | (Describe) |
| | IF APPLICABLE, LIST DATE: | | IF APPLICABLE, LIST DATE: |
| | | | / / 07 / 07 ACQUIRED DISPOSED |
| > | NAME OF BUSINESS ENTITY | > | NAME OF BUSINESS ENTITY |
| | GENERAL DESCRIPTION OF BUSINESS ACTIVITY | | GENERAL DESCRIPTION OF BUSINESS ACTIVITY |
| | | | SERVICE SESSION FROM ST. BOSINESS ASTRON |
| | FAIR MARKET VALUE | | FAIR MARKET VALUE |
| | \$2,000 - \$10,000 | | \$2,000 - \$10,000 \$10,001 - \$100,000 |
| | S100,001 - \$1,000,000 Over \$1,000,000 | | \$100,001 - \$1,000,000 Over \$1,000,000 |
| | _ | | - |
| | NATURE OF INVESTMENT Stock | 1 | NATURE OF INVESTMENT Stock |
| | Other | | Other |
| | (Describe) | | (Describe) |
| | IF APPLICABLE, LIST DATE: | | IF APPLICABLE, LIST DATE: |
| | | | |
| _ | ACQUIRED DISPOSED | | ACQUIRED DISPOSED |
| > | NAME OF BUSINESS ENTITY | * | NAME OF BUSINESS ENTITY |
| | GENERAL DESCRIPTION OF BUSINESS ACTIVITY | | GENERAL DESCRIPTION OF BUSINESS ACTIVITY |
| | | | |
| | FAIR MARKET VALUE | | FAIR MARKET VALUE |
| | \$2,000 - \$10,000 | | S2,000 - \$10,000 S10,001 - \$100,000 |
| | S100,001 - \$1,000,000 Over \$1,000,000 | | S100,001 - \$1,000,000 Over \$1,000,000 |
| | NATURE OF INVESTMENT | | NATURE OF INVESTMENT |
| | Stock | | Stock |
| | Other | | Other |
| | (Describe) | 1 | (Describe) |
| | IF APPLICABLE, LIST DATE: | 1 | IF APPLICABLE, LIST DATE: |
| | <u></u> | 1 | |
| | ACQUIRED DISPOSED | 1 | ACQUIRED DISPOSED |
| Co | omments: | | |